

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONERIN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

Pamela Cross

Alito Cross 34517057

Full Name of Plaintiff

Inmate Number

v.

USP Allenwood US Penitentiary

Name of Defendant 1

Name of Defendant 2

Name of Defendant 3

Name of Defendant 4

Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

Civil No. \_\_\_\_\_  
(to be filled in by the Clerk's Office)

☐ Demand for Jury Trial  
☐ No Jury Trial Demand

**FILED**  
HARRISBURG, PA

JAN 18 2022

PER DA  
DEPUTY CLERK

## I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- ☐ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- ☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- ☒ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

**II. ADDRESSES AND INFORMATION**

**A. PLAINTIFF**

Cross, Aito, Tiywan, USP Allenwood US Penitentiary  
Name (Last, First, MI)

Inmate Number  
34517057

Place of Confinement  
USP Allenwood US Penitentiary

Address  
P.O. Box 3000 White Deer, PA 17887

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | Pretrial detainee                        |
| <input type="checkbox"/>            | Civilly committed detainee               |
| <input type="checkbox"/>            | Immigration detainee                     |
| <input type="checkbox"/>            | Convicted and sentenced state prisoner   |
| <input checked="" type="checkbox"/> | Convicted and sentenced federal prisoner |

**B. DEFENDANT(S)**

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

USP Allenwood US Penitentiary  
Name (Last, First)

Current Job Title

Current Work Address  
White Deer PA 17887

City, County, State, Zip Code

Defendant 2:

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Name (Last, First)

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Current Job Title

---

Current Work Address

---

City, County, State, Zip Code

Defendant 3:

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Name (Last, First)

---

Current Job Title

---

Current Work Address

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City, County, State, Zip Code

Defendant 4:

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Name (Last, First)

---

Current Job Title

---

Current Work Address

---

City, County, State, Zip Code

Defendant 5:

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Name (Last, First)

---

Current Job Title

---

Current Work Address

---

City, County, State, Zip Code

#### IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed. Negligence Action 1346,

#### V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above. Lack of medical care/attention.

#### VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money. The inmate is requesting to see a doctor and that his medical concern be addressed sooner than later.

### III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

- A. Describe where and when the events giving rise to your claim(s) arose.
- Being denied medical attention to treat diabetes. Doctor have not treated or seen inmate over a year. The inmate has passed out on several occasions. The inmate is not being treated for the correct type of diabetes. The inmate has requested to speak with a dietitian however, that has not happened. Family have made several request to speak with Dr. Bushner Dr. Whiteman
- B. On what date did the events giving rise to your claim(s) occur?

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

Several episodes of blacking out. The inmate is not receiving the proper diet. The issue has not been addressed even after the family call to ~~see~~ seeking help. The inmates most recent blackout was one month ago. The inmate report seeing stars, buzzing in his feet, and eye-sight blurred, which are all major concerns. To this date, none of the concerns have been addressed.

## VII. SIGNATURE


By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.



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Signature of Plaintiff



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Date

MELA J CRASS  
2 EAST ELLERBEE ST  
HAM N.C. 27704



UNITED STATES DISTRICT COURT - Middle  
DISTRICT OF PENNSYLVANIA  
228 WALNUT ST, HARRISBURG, PA 17101

RECEIVED  
HARRISBURG, PA

JAN 18 2022

PER \_\_\_\_\_  
DEPUTY CLERK